

Annual Premium Payment Follow-Up

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We hope this message finds you well. This is a friendly reminder that your annual premium payment for [Policy Name/Number] is due on [Due Date].

As of today, we have not yet received your payment of [Amount Due]. To ensure that your coverage remains uninterrupted, please arrange for payment at your earliest convenience.

You can make your payment through the following methods:

- Online at our website [Insert Website URL]
- By phone at [Insert Phone Number]
- By mailing a check to [Insert Payment Address]

If you have already made your payment, please disregard this notice. For any questions or assistance regarding your policy, feel free to reach out to our customer service team.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]